# STATE OF TEXAS CERTIFICATE OF CONVERSION OF A NON-CODE ORGANIZATION CONVERTING TO A TEXAS LIMITED LIABILITY COMPANY PURSUANT TO SECTION 10.102 OF THE BUSINESS ORGANIZATIONS CODE

In the Office of the Secretary of State of Texas
DEC 2 3 2010

**Corporations Section** 

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#### **Converting Entity Information**

- 1.) The name of the converting limited liability company is Acacia Patent Acquisition LLC.
- 2.) The converting limited liability company is formed under the laws of the State of Delaware.
- 3.) The date of formation of the converting limited liability company is March 3, 2008.
- 4.) The file number issued to the converting limited liability company by the Delaware Secretary of State is 3923893.

#### **Converted Entity Information**

- 1.) The name of the converted limited liability company is Acacia Patent Acquisition LLC.
- 2.) The converted limited liability company will be formed under the laws of the State of Texas.
- 3.) Pursuant to the Certificate of Formation of the converted limited liability company, attached hereto as Exhibit A, and the Company Agreement of the converted limited liability company, the business and affairs of the converted limited liability company shall be managed by or under the direction of its sole Member.
- 4.) Pursuant to the Certificate of Formation and Company Agreement of the converted limited liability company, the sole Member shall elect the officers and directors of the converted limited liability company. The initial officers of the converted limited liability company shall be as follows: Dooyong Lee shall be the Chief Executive Officer, Robert L. Harris shall be the President, Clayton J. Haynes shall be the Chief Financial Officer, Marvin Key shall be the Senior Vice President and Tisha Stender shall be the Vice President. The initial directors of the converted limited liability company shall be as follows: Dooyong Lee, Robert L. Harris, Clayton J. Flaynes, Marvin Key and Tisha Stender.



DEC 23 2010

#### Plan of Conversion

In lieu of providing the Plan of Conversion, the converting limited liability company certifies that:

- 1.) A signed Plan of Conversion is on file at the principal place of business of the converting limited liability company. The address of the principal place of business of the converting limited liability company is 500 Newport Center Dr., 7th Floor, Newport Beach, CA 92660.
- 2.) A signed Plan of Conversion will be on file after the conversion at the principal place of business of the converted limited liability company. The address of the principal place of business of the converted limited liability company is 6136 Frisco Square Blvd., Suite 385, Frisco, TX 75034
- 3.) A copy of the Plan of Conversion will be furnished on written request without cost by the converting limited liability company before the conversion or by the converted limited liability company after the conversion to any owner or member of the converting or converted limited liability company.

#### Certificate of Formation for the Converted Entity

The Certificate of Formation of the converted limited liability company is attached hereto as <u>Exhibit A</u>.

#### Approval of the Plan of Conversion

The Plan of Conversion has been approved as required by the laws of the jurisdiction of formation and the governing documents of the converting limited liability company.

#### Effectiveness of Filing

This document becomes effective when the document is accepted and filed by the secretary of state.

#### Tax Certificate

In lieu of providing the tax certificate, the converted limited liability company is liable for the payment of any franchise taxes.

#### Execution

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument. The undersigned certifies that the statements contained herein are true and correct, and that the person signing is authorized under the provisions of the Business Organizations Code, or other law applicable to and governing the converting limited liability company, to execute the filing instrument.

[Signature Page Follows]

Dated December 21, 2010.

ACACIA PATENT ACQUISITION LLC, a Delaware limited liability company

Name: Paul Ryan

Its: Chief Executive Officer

#### EXHIBIT A

#### CERTIFICATE OF FORMATION

# Form 205 (Revised 07/10)

Submit in duplicate to: Secretary of State P.O. Box 13697 Austin, TX 78711-3697 512 463-5555

FAX: 512 463-5709 Filing Fee: \$300



Certificate of Formation Limited Liability Company This space reserved for office use.

In the Office of the Secretary of State of Texas

DEC 23 2010

Corporations Section

TX

State

78701

Zip Code

#### Article 1 - Entity Name and Type

Arterio 1 Emily Name and Type
The filing entity being formed is a limited liability company. The name of the entity is:
Acacia Patent Acquisition LLC
The name must contain the words "limited liability company," "limited company," or an abbreviation of one of these phrases.
Article 2 – Registered Agent and Registered Office (See instructions. Select and complete either A or B and complete C.)
A. The initial registered agent is an organization (cannot be entity named above) by the name of:
Registered Agent Solutions, Inc.
OR  B. The initial registered agent is an individual resident of the state whose name is set forth below:
First Name M.I. Last Name Suffix
C. The business address of the registered agent and the registered office address is:

#### Article 3—Governing Authority

(Select and complete either A or B and provide the name and address of each governing person.)

A. The limited liability company will have managers. The name and address of each initial manager are set forth below.

Austin

City

B. The limited liability company will not have managers. The company will be governed by its members, and the name and address of each initial member are set forth below.

GOVERNING PERSON 1	<del></del>				
NAME (Enter the name of either an individual or an org IF INDIVIDUAL	antzation.	, nur noi noin.)			
First Name	M.L.	Last Name			Suffix
OR					2.*
IF ORGANIZATION					
Acacia Research Corporation					
Organization Name			_		
ADDRESS					
500 Newport Center Drive, 7th Floor		Newport Beach	CA	USA	92660
Street or Mailing Address	· · ·	City	State	Country	Zip Code

515 Congress Ave., Suite 2300

Street Address

GOVERNING PERSON 2			1,1 4,1		•
NAME (Enter the name of either an individu IF INDIVIDUAL	al or an organization, but	not both.)			
		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
First Name OR	M.I.	Last Name		Suffix	
IF ORGANIZATION					
Organization Name			<del> </del>		
ADDRESS			•		
Street or Mailing Address	Ci	ry	State C	ountry Zip Code	
GOVERNING PERSON 3					
NAME (Enter the name of either an individu IF INDIVIDUAL)	al or an organization, but	not both.)			
First Name	M.I.	Last Name		Suffix	
OR					
IF ORGANIZATION					
O		·			
Organization Name ADDRESS					
Street or Mailing Address	Ci	ty	State C	ountry Zip Code	

#### Article 4 - Purpose

The purpose for which the company is formed is for the transaction of any and all lawful purposes for which a limited liability company may be organized under the Texas Business Organizations Code.

#### Supplemental Provisions/Information

Text Area: [The attached addendum, if any, is incorporated herein by reference.]

Article 5: The filing entity is being formed pursuant to a plan of converion.

Article 6: The name of the converting (prior) entity is Acacia Patent Acquisition LLC.

Article 7: The address of the converting (prior) entity is 500 Newport Center Dr., 7th Floor, Newport Beach, CA 92660.

Article 8: The form of organization of the converting (prior) entity is limited liability company.

Article 9: The date of formation of the converting (prior) entity is March 3, 2008.

Article 10: The jurisdiction of formation of the converting (prior) entity is the State of Delaware.

Form 205

## Organizer

The name and address of the organizer:			
Clayton J. Haynes	•		
Name			• • • • • • • • • • • • • • • • • • • •
500 Newport Center Drive, 7 <sup>th</sup> Floor	Newport Beach	CA	92660
Street or Mailing Address	City	State	Zip Code
Effectiveness of	Filing (Select either A. B. or C.)		
A.   This document becomes effective when	the document is filed by the so	ecretary of	state.
B. This document becomes effective at a la	ater date, which is not more tha	ın ninety (9	00) days from
the date of signing. The delayed effective dat	e is:		
C. This document takes effect upon the oc		fact, other	than the
passage of time. The 90 <sup>th</sup> day after the date of	f signing is:	<u></u>	
The following event or fact will cause the doc	ument to take effect in the man	mer describ	ped below:
1	Execution		•
The undersigned affirms that the person of appointment. The undersigned signs this documents of a materially false or fraudulent andersigned is authorized to execute the filing	cument subject to the penalties instrument and certifies under j	s imposed	by law for the
Date: December 21, 2010	Signature of optanizer		
	Clayton J. Haynes  Printed or typed name of organizer		

#### Form **424** (Revised 12/09)

Submit in duplicate to: Secretary of State P.O. Box 13697 Austin, TX 78711-3697 512 463-5555

FAX: 512/463-5709

Filing Fee: See instructions



This space reserved for office use.

#### FILED In the Office of the Secretary of State of Texas

Certificate of Amendment

JAN 202011

**Corporations Section** 

#### **Entity Information**

The name of the filing entity is:						
Acacia Patent Acquisition LLC						
State the name of the entity as currently show of the entity, state the old name and not the new	in in the records of the secretary of state. If the amendment changes the name ew name.					
The filing entity is a: (Select the appropriate	e entity type below.)					
☐ For-profit Corporation	Professional Corporation					
☐ Nonprofit Corporation ☐ Professional Limited Liability Company						
Cooperative Association	Cooperative Association Professional Association					
☐ Limited Liability Company	Limited Partnership					
The file number issued to the filing en The date of formation of the entity is:	December 23, 2010					
	Amendments					
(If the purpose of the certificate of am	1. Amended Name endment is to change the name of the entity, use the following statement)					
The amendment changes the certificate filing entity. The article or provision is	te of formation to change the article or provision that names the samended to read as follows:					
The name of the filing entity is: (state	the new name of the entity below)					
Acacia Research Group LLC						
The name of the entity must contain an organization	nal designation or accented abbreviation of such term, as applicable					

#### 2. Amended Registered Agent/Registered Office

The amendment changes the certificate of formation to change the article or provision stating the name of the registered agent and the registered office address of the filing entity. The article or provision is amended to read as follows:

RECEIVED

JAN 20 2011 Secretary of State

Form 424

	Registered Agent or B, but not both. Also c On (cannot be entity named	
OR		
B. The registered agent is an individual	resident of the state	whose name is:
First Name M.I.	Last Name	Suffix
The person executing this instrument affirm has consented to serve as registered agent.	ns that the person de	esignated as the new registered agent
C. The business address of the registered ag	ent and the registered	d office address is:
		TX
Street Address (No P.O. Box)	City	State Zip Code
3. Other Added,	Altered, or Deleted	Provisions
Other changes or additions to the certificate of forma is insufficient, incorporate the additional text by proform for further information on format.		
Text Area (The attached addendum, if any, is incorporated h	erein by reference.)	
Add each of the following provisions to reference of the added provision and the full		nation. The identification or
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	· · · · · · · · · · · · · · · · · · ·	
	2.1	
Alter each of the following provisions of reference of the altered provision and the ful		· · · · · · · · · · · · · · · · · · ·
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	**************************************	
Delete each of the provisions identified b	pelow from the certification	cate of formation.

## Statement of Approval

The amendments to the certificate of formation have been approved in the manner required by the Texas Business Organizations Code and by the governing documents of the entity.

Form 424 7

## Effectiveness of Filing (Select either A, B, or C.)

A. This document becomes effective when the document is filed by the secretary of state.
B. This document becomes effective at a later date, which is not more than ninety (90) days from
the date of signing. The delayed effective date is:
C. This document takes effect upon the occurrence of a future event or fact, other than the
passage of time. The 90 <sup>th</sup> day after the date of signing is:
The following event or fact will cause the document to take effect in the manner described below:
Execution
The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.
Date:January 20, 2011
By: Acacia Research Corporation, Sole Member
FIRE

Paul R. Ryan, Chairman & Chief Executive Officer Printed or typed name of authorized person (see instructions)

Signature of authorized person



Office of the Secretary of State Corporations Section P.O. Box 13697 Austin, Texas 78711-3697 (Form 408) Filed in the Office of the Secretary of State of Texas Filing #: 801360610 8/31/2012 Document #: 455927880542 Image Generated Electronically

#### STATEMENT OF CHANGE OF ADDRESS OF REGISTERED AGENT

1. The name of the entity represented is Acacia Research Group LLC

The entity's filing number is 801360610

2. The address at which the registered agent has maintained the registered office address for such entity is: (Please provide street address, city, state and zip code presently shown in the records of the Secretary of State.)

515 Congress Ave., Suite 2300, Austin, TX 78701

3. The address at which the registered agent will hereafter maintain the registered office address for such entity is: (Please provide street address, city, state and zip code. The address must be in Texas.)

1701 Directors Blvd., Suite 300, Austin, TX 78744

4. Notice of the change of address has been given to said entity in writing at least 10 business days prior to the submission of this filing.

Date: 8/31/2012

Registered Agent Solutions, Inc.

Name of Registered Agent

Ricardo Orozco - Secretary

**Signature of Registered Agent** 

FILING OFFICE COPY

# Case 2:20-cv-0**00**78-JRG Document 41-8 Filed 09/28/20 Pageling 04/28/erage1369616

#### **Texas Franchise Tax Public Information Report**

Comptroller of Public Accounts

05-102 (Rev.11-12/31) To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions
This report MUST be signed and filed to satisfy franchise tax requirements

■ Tcode 13196 Franchise

■ Taxpayer number	■ Repor	t year You h	ave certain r	<b>ights</b> under (	Chapter 552 an	d 559, Gove	ernment Co	de,
1 2 6 2 3 8 5 6 1 2 2	2 0				formation we l 512) 463-4600.		about you.	
Taxpayer name ACACIA RESEARCH GROUP L	LC		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	,			
Mailing address 2400 DALLAS PARKWAY, SUI					Secretary of			er or
City State		ZIP Code	Plus 4	· · · · · · · · · · · · · · · · · · ·	Comptroller	file number	r	
PLANO	TX	7509			<u> </u>			
Blacken circle if there are currently no changes from previ	ious year; if no in	formation is displayed	l, complete th	e applicable i	nformation in S	ections A, B	3 and C.	
Principal office SAME AS ABOVE								
Principal place of business SAME AS ABOVE								
Officer, director and manager info Report is completed. The informa- report. There is no requirement of officers, directors, or managers ch	ation is updated or procedure for nange throughd	d annually as part of t r supplementing the i out the year.	he franchise	tax	1	0000000	000008	
SECTION A Name, title and mailing address of each offinate.  Name	cer, director or Title	manager.	Direct	or I		m d	d v	
TO THE	The state of the s			YES Ter	m	m d	d y	Τ,
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Name	Title		Direct		m	m d	d y	у
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Mailing address	City	4	L	Stat		ZIP C	ode	
SECTION B Enter the information required for each corp	poration or LLO	C, if any, in which thi	is entity owr	ns an interes	t of 10 perce	nt or more	<u> </u>	
Name of owned (subsidiary) corporation or limited liability co	ompany	State of formation	Te	exas SOS file	number, if an	y Percenta <u>c</u>	ge of owne	rship
Name of owned (subsidiary) corporation or limited liability co	ompany	State of formation	Т	exas SOS file	number, if an	y Percentaç	ge of owne	rship
SECTION C Enter the information required for each corpliability company.	poration or LLC	I, if any, that owns a	n interest of	10 percen	t or more in tl	l nis entity o	or limited	
Name of owned (parent) corporation or limited liability com ACACIA RESEARCH CORPORATI	pany <b>ON</b>	State of formation <b>DE</b>	Te	00330	number, if any	1 1	00.00	rship
Registered agent and registered office currently on file. <i>(see</i> Agent:	instructions if yo	ou need to make chang		Blacken circ the register	le if you need ed agent or re	forms to ch gistered of	nange fice inform	ation
Office:		City			State	ZI	P Code	
The above information is required by Section 171.203 of the Tax Code for Sections A, B, and C, if necessary. The information will be available			ompany that f	iles a Texas Fra	nchise Tax Repo	ort. Use addit	ional sheets	;
l declare that the information in this document and any attachments been mailed to each person pamed in this report whofis an of item di	is true and correc	t to the best of my knov						
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Case 2:20-cv-00078-JRG Document 41-8 Filed 09/28/20 Pageling Number 8013696165

05-102 (Rev.9-13/32) To

**■ Tcode** 13196

TX2014

Ver. 5.0

be filed by Corporations , Limited Liability Com This report MUST be signed and filed to sa	•
■ Report year	You have certain rights under Chapter:

■ Taxpayer number	■ Report	year			You have cert	ain rights t	ınder Cha	pter 552	and 559,
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Taxpayer name  ACACIA RESEARCH GROUP LLC				c	heck box if the	mailing ad	dress has	change	ed.
Mailing address 2400 DALLAS PARKWAY, SUITE 20	0			_ <b>  -</b>		ary of State		le num	ber or
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Check box if there are currently no changes from previous year	; if no informa	ition is display	ed, complete	the applicable	information in	Sections A	, B and C		
Principal office SAME AS ABOVE									
Principal place of business SAME AS ABOVE									
Officer, director and manager inform Report is completed. The informatic report. There is no requirement or pofficers, directors, or managers chan SECTION A Name, title and mailing address of each officer	on is updated rocedure for ge througho	annually as p supplementi ut the year.	art of the fra	nchise tax		12623	88561	2214	
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Name	Title			Director	Torm	m m	d	d y	у
				YES	Term expiration				
Mailing address	City				State		ZIP Cod	e	
SECTION B Enter the information required for each corpor	ation or LLC	, if any, in wh	ich this enti	ty owns an ir	nterest of 10 p	ercent o	r more.		
Name of owned (subsidiary) corporation or limited liability company		State of forma	ition	Texas SO	S file number, if	any Per	centage	of owner:	ship
Name of owned (subsidiary) corporation or limited liability company		State of forma	ition	Texas SO	S file number, if	any Per	centage o	f owner:	ship
<b>SECTION C</b> Enter the information required for each corpor liability company.	ation or LLC,	, if any, that o	owns an inte	erest of 10 pe	ercent or mor	e in this e	ntity or	imited	
Name of owned (parent) corporation or limited liability company ACACIA RESEARCH CORPORATION		State of forma	ation		5 file number, if 042280	any Per	centage (	of owners	
Registered agent and registered office currently on file (see instructions) Agent:	f you need to m	ake changes)			box if you nee istered agent			inform	ation.
Office:		City			Sta	ite	ZIP	Code	
The above information is required by Section 171.203 of the Tax Code for for Sections A, B, and C, if necessary. The information will be available for			ability compar	y that files a Te	xas Franchise Ta	x Report. Us	se additio	nal sheet	ts
I declare that the information in this document and any attachments is to been mailed to each person named in this report who is an officer, directly	rue and correct	t to the best of	my knowledge	and belief, as o	of the date below	v, and that a	copy of t	his repor	rt has
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Case 2:20-cv-00078-JRG Document 41-8 Filed 09/28/20 Pageling Number 8915 696186

# Texas Franchise Tax Public Information Report

05-102 (Rev.9-13/32)

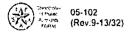
To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions

This report MUST be signed and filed to satisfy franchise tax requirements

Trode 13196 Franchise

Taxpayer number	<b>5</b> P								
	Report		4	Gover		ghts under Chapter 552 and 559 v, request and correct information			
2 6 2 3 8 5 6 1 2 2 1 Taxpayer name	2 0		4			ou. Contact us at 1-800-252-1381			
ACACIA RESEARCH GROUP LLC	<u> </u>			■ O BI		f State (SOS) Flooringed.			
2400 DALLAS PARKWAY SUITE	200		Lange	184		f State (SOS) file number or r file number			
PLANO State	TX	*************	75093	Plus 4		0801360610			
Blacken circle if there are currently no changes from previous y	ear; if no infor	mation	is displayed, comp	lete the applicab	le information in Se	ections A, B and C.			
Principal office 2400 DALLAS PARKWAY SUITE 2	200, PLAI	NO, T	X 75093						
Principal place of business SAME AS ABOVE			•						
Please sign below!  Officer, director and manager information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or managers change throughout the year.  1.00000000014									
SECTION A Name, title and mailing address of each officer	, director or	manag	er.	Director	m	m d d y y			
MARVIN KEY	DIRE	сто	R & CEO	YES	Term expiration				
Mailing address 2400 DALLAS PARKWAY SUITE 200	Cíty		PLANO		State <b>TX</b>	ZIP Code 75093			
Name	Title			Director	Term m	m d d y y			
MATTHEW VELLA	DIRECT	OR &	PRESIDENT	YES	expiration				
Mailing address 2400 DALLAS PARKWAY SUITE 200	City		PLANO		State TX	ZIP Code <b>75093</b>			
Name	Title			Director	Term m	m d d y y			
CLAYTON J. HAYNES	DIRE	СТО	R & CFO	YES	expiration				
Mailing address 2400 DALLAS PARKWAY SUITE 200	City		PLANO		State TX	ZIP Code <b>75093</b>			
SECTION B Enter the information required for each corpor	ation or LLC	, if any	in which this en	tity owns an in	terest of 10 perce	ent or more.			
Name of owned (subsidiary) corporation or limited liability company		State c	f formation	Texas SOS	file number, if any	Percentage of ownership			
Name of owned (subsidiary) corporation or limited liability company		State o	f formation	Texas SOS	file number, if any	Percentage of ownership			
SECTION C Enter the information required for each corpor liability company.	ration or LLC	, if any	that owns an in	terest of 10 pe	rcent or more in t	:his entity or limited			
Name of owned (parent) corporation or limited liability company	<del>, , , , , , , , , , , , , , , , , , , </del>	State	of formation	Texas 505	i file number, if any	Percentage of ownership			
Registered agent and registered office currently on file (see instructions Agent: REGISTERED AGENT SOLUTIONS, INC		ake cha	nges)	( ) .	circle if you need	forms to change gistered office information.			
Office: 1701 DIRECTORS BLVD. SUITE 300			City	AUSTIN	State	TX ZIP Code 78744			
The above information is required by Section 171.203 of the Tax Code for Sections A. B. and C. If necessary. The information will be available for			mited liability comp	any that files a Tex	as Franchise Tax Rep				
I declare that the information in this document and any attachments is been mailed to each person named in this report who is an officer, direct	ctor or manage	r and wh	best of my knowled no is not currently er	nployed by this, a	r a related, corporation	on or limited liability company.			
sign lay 1 lay	Titl	e	CFO	Dâte 6/18/	1	449 ) 480 - 8358			
Texa	s Comptr	oller	Official Use O	n <b>ly</b>					
					VE/DE	PIR IND			

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#### **Texas Franchise Tax Public Information Report**

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions
This report MUST be signed and filed to satisfy franchise tax requirements

■ Tcode 13196 Franchise

= reduce 13130 Flantainse							
■ Taxpayer number	Report y	year			You have certain ri		
2 6 2 3 8 5 6 1 2 2	2 0	1 4			nent Code, to review nave on file about yo		
Taxpayer name ACACIA RESEARCH GROUP LLC	<u> </u>			■ O Blac	ken circle if the m	-	
2400 DALLAS PARKWAY SUITE	200	ZIP Coo	. T	Plus 4	Secretary of Comptrolle		file number or er
PLANO	TX	7	5093			0801360	
Blacken circle if there are currently no changes from previous your Principal office	ear; if no infor	mation is displa	yed, complete	the applicable	information in Se	ections A, B a	nd C.
2400 DALLAS PARKWAY SUITE 2 Principal place of business	200, PLAN	NO, TX 750	93				101 1161 FOR EDIE RED 6151 1151
SAME AS ABOVE							
Please sign below!  Officer, director and manager inform Report is completed. The informatio report. There is no requirement or profficers, directors, or managers change.	n is updated rocedure for s	annually as pai supplementing	t of the franc	thise tax		000000	000014
SECTION A Name, title and mailing address of each officer,	director or r	manager.	In:	irector	m	m d	d y y
ROBERT RAUKER		TOR & SR	1	YFS .	Term expiration		
Mailing address 2400 DALLAS PARKWAY SUITE 200	City	PLA	NO	[5	State <b>TX</b>	ZIP Co	75093
Name	Title			1 1 1 1 1	Term expiration	m d	d y y
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Name	Title		D	irector	Term T	m d	d y y
				) YES	expiration		
Mailing address	City			S	State	ZIP C	ode
SECTION B Enter the information required for each corpora	ation or LLC,		*		•	nt or more	
Name of owned (subsidiary) corporation or limited liability company		State of formati			ite number, if any		e of ownership
Name of owned (subsidiary) corporation or limited liability company		State of formati	on	Texas SOS fi	lle number, if any	Percentag	e of ownership
SECTION C Enter the information required for each corporaliability company.	ation or LLC,	•		•			
Name of owned (parent) corporation or limited liability company		State of formation	on	Texas SOS fi	le number, if any	Percentag	e of ownership
Registered agent and registered office currently on file (see instructions in Agent: REGISTERED AGENT SOLUTIONS, INC			(	Blacken c the regist	ircle if you need ered agent or re	gistered off	ce information.
Office: 1701 DIRECTORS BLVD. SUITE 300		City	AL	ISTIN	State 7	<b>X</b> Z	78744
The above information is required by Section 171.203 of the Tax Code for for Sections A, B, and G, ynecessary. The information will be available for	each corporati public inspecti	ion or limited liat ion,	ility company	that files a Texas	s Franchise Tax Rep	ort. Use addit	ional sheets
I declare that the information in this document and any attachments is t been mailed to each person named in this report who is an officer, direct	rue and correct tor or manager	t to the best of m and who is not c	y knowledge a urrently emplo	nd belief, as of ti syed by this, or a	he date below, and related, corporation	that a copy on or limited l	if this report has lability company.
sign land land	Title	CFO	D	ate 6/18/20		code and ph 49) 48(	
Texa	s Comptro	oller Officia	Use Only	7	•		
					VE/DE	PIR INI	

# Form 424 (Revised 05/11)

Submit in duplicate to: Secretary of State P.O. Box 13697 Austin, TX 78711-3697 512 463-5555

FAX: 512/463-5709

Filing Fee: See instructions



#### Certificate of Amendment

This space reserved for office use.

FILED
In the Office of the
Secretary of State of Texas

JUN 23 2014

Corporations Section

The second second

#### **Entity Information**

The name of the filing entity is:	
Acacia Research Group LLC (fka Acacia	Patent Acquisition LLC)
State the name of the entity as currently show of the entity, state the old name and not the n	on in the records of the secretary of state. If the amendment changes the name name.
The filing entity is a: (Select the appropria	te entity type below.)
For-profit Corporation	☐ Professional Corporation
☐ Nonprofit Corporation	Professional Limited Liability Company
Cooperative Association	Professional Association
☑ Limited Liability Company	Limited Partnership
The file number issued to the filing en	ntity by the secretary of state is: 0801360610
The date of formation of the entity is:	12/23/2010

#### Amendments

#### 1. Amended Name

(If the purpose of the certificate of amendment is to change the name of the entity, use the following statement)

The amendment changes the certificate of formation to change the article or provision that names the filing entity. The article or provision is amended to read as follows:

The name of the filing entity is: (state the new name of the entity below)

The name of the entity must contain an organizational designation or accepted abbreviation of such term, as applicable.

#### 2. Amended Registered Agent/Registered Office

The amendment changes the certificate of formation to change the article or provision stating the name of the registered agent and the registered office address of the filing entity. The article or provision is amended to read as follows:

**RECEIVED** 

Form 424

JUN 23 2014

6

Secretary of State

Reg (Complete either A or I	gistered Agent 3. but not both, Also c	omnlete C )
A. The registered agent is an organization		•
OR  B. The registered agent is an individual res	sident of the state	whose name is:
First Name M.I.	Last Name	Suffix
The person executing this instrument affirms has consented to serve as registered agent.	that the person de	signated as the new registered agent
C. The business address of the registered agent	t and the registered	d office address is:
0	G:	TX
Street Address (No P.O. Box)	City	State Zip Code
3. Other Added, Al	tered, or Deleted	Provisions
Other changes or additions to the certificate of formation is insufficient, incorporate the additional text by providiform for further information on format.		
Text Area (The attached addendum, if any, is incorporated herei	n by reference.)	
Add each of the following provisions to the reference of the added provision and the full te: Officers & Directors:		nation. The identification or
Marvin Key - Director & CEO: 2400 Dallas Parkwa Matthew Vella - Director & President: 500 Newpor Clayton J. Haynes - Director & President: 500 New Robert Rauker - Director & Sr. Vice President: 240	t Center Dr. 7th Floport Center Dr. 7th	or, Newport Beach, CA 92660 Floor, Newport Beach, CA 92660
Alter each of the following provisions of the reference of the altered provision and the full to		
Delete each of the receivious identified by	Sugar the series	acts of formation
Delete each of the provisions identified belo	ow from the certifi	cate of formation.

## **Statement of Approval**

The amendments to the certificate of formation have been approved in the manner required by the Texas Business Organizations Code and by the governing documents of the entity.

Form 424 7

# Effectiveness of Filing (Select either A. B. or C.)

A.  This document becomes effective when the document is filed by the secretary of state.								
B. This document becomes effective at a later date, which is not more than ninety (90) days from								
the date of signing. The delayed effective date is:								
C. This document takes effect upon the occurrence of a future event or fact, other than the								
passage of time. The 90 <sup>th</sup> day after the date of signing is:								
The following event or fact will cause the document to take effect in the manner described below:								
The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.								
Date: 06/18/2014								
$\overline{}$								
B This document becomes effective at a later date, which is not more than ninety (90) days from the date of signing. The delayed effective date is:  C This document takes effect upon the occurrence of a future event or fact, other than the passage of time. The 90 <sup>th</sup> day after the date of signing is:  The following event or fact will cause the document to take effect in the manner described below:  Execution  The undersigned signs this document subject to the penalties imposed by law for the submission of materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned i authorized under the provisions of law governing the entity to execute the filing instrument.  Date:								
Chist have								
Signature of authorized person								
Clayton J. Haynes, CFO								
Printed or typed name of authorized person (see instructions)								

Form 424 8

TX2016 Ver. 7.0 05-102 (Rev.9-15/33)

#### **Texas Franchise Tax Public Information Report**

To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),
Professional Associations (PA) and Financial Institutions

**■ Tcode** 13196

■ Taxpayer number	■ Report y	rear		You have certain rig	hts under Chapter 552 and 559,		
12623856122	20	016			request and correct information  i. Contact us at 1-800-252-1381.		
Taxpayername ACACIA RESEARCH GROUP LLC			■ C+	neck box if the mailin	g address has changed.		
Mailing address 2400 DALLAS PARKWAY, SUITE 20	 )0			Secretary of Comptroller	State (SOS) file number or file number		
City State PLANO TX		ZIP code plus 4 75093	4398	081360			
Check box if there are currently no changes from previous year	ar; if no informa						
Principal office SAME AS ABOVE			·				
Principal place of business			<del></del>				
SAME AS ABOVE You must report officer, director, member, general partner and mo	anaaer informa	tion as of the date you co	mplete this repor				
Please sign below! This report must be signed	-	•					
SECTION A Name, title and mailing address of each office				12	02303012210		
Name	Title	mber, general partner	Director	m	m d d y y		
DODEDE Y WARDE	EVECUM		X YES	Term			
ROBERT L. HARRIS Mailing address	City		<u>l</u>	State	ZIP Code		
520 NEWPORT CENTER DR, 12TH FI	L NEWPOF	RT BEACH	Director	CA m	92660 m d d y y		
			X YES	Term			
MARVIN KEY Mailing address	CEO			State	ZIP Code		
520 NEWPORT CENTER DR, 12TH FI	L NEWPOF	RT BEACH	Director	CA	192660 m d d v v		
			Ageneral partner or manager.  CHAIRMAN  State CA  Director  Term expiration  Percentage of ownership  of formation  Texas SOS file number, if any Percentage of ownership  notitution, if any, that owns an interest of 10 percent or more in this entity.  of formation  Texas SOS file number, if any Percentage of ownership  notitution, if any, that owns an interest of 10 percent or more in this entity.  Of formation  Texas SOS file number, if any Percentage of ownership  notitution, if any, that owns an interest of 10 percent or more in this entity.  Of formation  Texas SOS file number, if any Percentage of ownership  100.00  anges)  You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.  City  State  ZIP Code  State  ZIP Code  State to change registered agent, registered office or general partner information.  ZIP Code				
CLAYTON J. HAYNES Mailing address	CFO City	····	1		ZIP Code		
520 NEWPORT CENTER DR, 12TH F			<del></del>	<del>'</del>	92660		
<b>SECTION B</b> Enter information for each corporation, LLC, L Name of owned (subsidiary) corporation, LLC, LP, PA or financial institu							
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institu	tion	State of formation	Texas SO	S file number, if any	Percentage of ownership		
<b>SECTION C</b> Enter information for each corporation, LLC,	LP, PA or finar	ncial institution, if any,	that owns an ir	nterest of 10 perce	ent or more in this entity.		
Name of owned (parent) corporation, LLC, LP, PA or financial institution		State of formation			Percentage of ownership		
ACACIA RESEARCH CORPORATION  Registered agent and registered office currently on file (see instruction	 is if you need to m	DE (ake changes)	You must make	- Gille a with the Course			
Agent:			agent, registered	l office or general partn	er information.		
Office:		City		State	ZIP Code		
The information on this form is required by Section 171.203 of the Tax C sheets for Sections A, B and C, if necessary. The information will be avai			ncial institution th	at files a Texas Franchis	se Tax Report. Use additional		
I declare that the information in this document and any attachments been mailed to each person named in this report who is an officer, dir LLC, LP, PA or financial institution	is true and corrected fector, member, g	t to the best of my knowled general partner or manager	lge and belief, as c and who is not cu	of the date below, and rrently employed by th	that a copy of this report has nis or a related corporation,		
sign Cay of Hay	Title	° CFO	Date \\ \ \	Al \( \( \rightarrow \) Area	code and phone number		
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TX2017 Ver. 8.0 05-102 (Rev.9-15/33)

#### **Texas Franchise Tax Public Information Report**

To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),
Professional Associations (PA) and Financial Institutions

**■ Tcode** 13196

Taxpayer number	■ Repor	t year		You have cert	ain rights u	under Chapte	r 552 and
12623856122		2017		rnment Code, to i re have on file ab			
Taxpayername Acacia Research Group LLC	<u>_</u>	<u> </u>	<b>■</b> X c	heck box if the	mailing ad	dress has ch	nanged.
Mailing address	+ 0 100					e (SOS) file	number
6136 Frisco Square Blvd, Sui	.te 400	ZIP code plus	4		troller file r		
Frisco TX		75034			<u> 13606</u>		
Check box if there are currently no changes from previous y Principal office	ear; if no inform	lation is displayed, com	plete the applicable	information in	Sections A	, B and C.	
Same As Above							
Principal place of business Same As Above							
ou must report officer, director, member, general partner and n	nanager inform	ation as of the date you	ı complete this repo	rt.			
Please sign below! This report must be sign	and to satis	fy franchise tay r	equirements		12623	3856122	
		_	-		12025	0000122	<b>5</b> 17
<b>ECTION A</b> Name, title and mailing address of each office Name	Title	iember, generai parti	Director	1	m m	d d	у
			YES	Term			
Robert Stewart Mailing address	Presid City	ent		expiration State		ZIP Code	
520 Newport Center Dr. 12th	<u>FNewpo</u>	rt Beach		CA		9266	0
Name	Title		Director	Term	m m	d d	у
Clayton J. Haynes	CFO		X YES	expiration			
Mailing address	City	rt Doogh		State		ZIP Code	^
520 Newport Center Dr. 12th Name	Title	rt Beach	Director	CA	m m	9266	<u>y</u>
			YES	Term expiration			
Mailing address	City			State		ZIP Code	
SECTION B Enter information for each corporation, LLC	LD DA ou fine		inbiah Main a	4.4		<u> </u>	
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution		State of formation		5 file number, if		rcentage of c	
Name of owned (subsidiary) corporation, LLC, LP, PA or financial insti		State of formation		OS file number, if any Percentage of ownership			
name of owned (subsidiary) corporation, EEC, EP, PA or financial instit	tution	State of formation	Texas SC	s tile number, ir	any Per	rcentage or c	ownersnip
SECTION C Enter information for each corporation, LLC	LP. PA or fina	ancial institution, if a	nv. that owns an i	nterest of 10	percent o	r more in t	this entit
Name of owned (parent) corporation, LLC, LP, PA or financial institution		State of formation		S file number, if	<u> </u>	rcentage of o	ownership
Acacia Research Corporation		IDE	<u>_</u>			1	.00.0
Registered agent and registered office currently on file <i>(see instructic</i> Agent:	ons if you need to	make changes)		a filing with the S d office or genera			ge registei
Office:	·····	City		Sta	ate	ZIP Co	de
he information on this form is required by Section 171.203 of the Tax	Code for each co	I orporation, LLC, LP, PA or :	inancial institution th	at files a Texas F	ranchise Tax	Report. Use	addition
heets for Sections A, B and C, if necessary. The information will be available that the information in the state of the st		•	wledge and belief as	of the date hele	u and that	a conv of this	r roport h
been mailed to each person parged in this report who is an officer, of							
Sign	TI Control	tle a= :	Date	) <u> </u>	Area code	and phone	
here X 47 Fg. Mayor	Cassas	CFO_	11/2	17	949-	180-	630c
Te	xas Compt	roller Official Us	Only				
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			111	118 14 14 14 14 14 1			

TX2018 Ver. 9.0 05-102 (Rev.9-15/33)

#### **Texas Franchise Tax Public Information Report**

To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),
Professional Associations (PA) and Financial Institutions

**■ Tcode** 13196

l Taxpayer number	■ Report y	rear					s under Chapter	
12623856122	20	018					quest and correct Contact us at 1-80	
Taxpayername Acacia Research Group LLC				Che	eck box if the r	nailing	address has cha	inged.
Mailing address 6136 Frisco Square Blvd, Sui	te 400			_			ate (SOS) file n le number	umber or
City State Frisco TX		ZIP code plus 4 75034	_		080	1360	0610	
Check box if there are currently no changes from previous ye	ear; if no informa	tion is displayed, comple	te the ap	oplicable in	formation in	Sections	s A, B and C.	
Principal office Same As Above					7	•		
Principal place of business Same As Above								
ou must report officer, director, member, general partner and m	anager informa	tion as of the date you co	mplete	this report				
Please sign below/ This report must be sign	ed to satisfy	y franchise tax req	luiren	nents.		126	166   186	雅加川川川 18
SECTION A Name, title and mailing address of each office	er, director, me	mber, general partner	or ma	nager.				
Name	Title		Direct		Term f	m	m d d	уу
Mark W. Booth	CEO			YES	expiration			
Mailing address 520 Newport Center Dr. 12th	City F Newpor	t Beach			State CA		ZIP Code 92660	)
Name	Title		Direc		Term 1	m	m d d	у у
Kirsten Hoover	CFO		_	YES	expiration			
Mailing address 520 Newport Center Dr. 12th	City F Newpor	t Beach			State CA		21P Code 92660	)
Name	Title				Term m		m d d	уу
				YES	expiration			
Mailing address	City				State		ZIP Code	
SECTION B Enter information for each corporation, LLC,	·		in whic		<u> </u>		<u> </u>	
Name of owned (subsidiary) corporation, LLC, LP, PA or financial instit	ution	State of formation		Texas SOS	file number, if	any	Percentage of or	wnership
Name of owned (subsidiary) corporation, LLC, LP, PA or financial instit	utlon	State of formation		Texas SOS	file number, if	any	Percentage of or	wnership
SECTION C Enter information for each corporation, LLC,	. L.P. PA or finar	ncial institution, if any	that ov	wns an in	erest of 10	nercen	t or more in th	nis entity.
Name of owned (parent) corporation, LLC, LP, PA or financial institution		State of formation			file number, if		Percentage of or	wnership
Acacia Research Corporation  Registered agent and registered office currently on file (see Instruction)	uns if you need to m	DE pake changes			<u> </u>			00.00
Agent:					office or genera			
Office:		City			Sta		ZIP Cod	
The information on this form is required by Section 171.203 of the Tax sheets for Sections A, B and C, if necessary. The information will be ava			encial ins	titution tha	t files a Texas F	ranchise	Tax Report. Use	additional
I declare that the information in this document and any attachments been mailed to each person named in this report who is an officer, d LLC, LP, PA or financial institution.								
sign) Luck Aughere)	Titl	Ĉ <i>F</i> o	Date	1/111	 &		ode and phone n	
nate, VO Oct				- 17	<i></i>	74.	7-760 0	, JU /
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TX2019 Ver. 10.0

05-102 (Rev.9-15/33)

13196

#### **Texas Franchise Tax Public Information Report**

To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP), Professional Associations (PA) and Financial Institutions

■Tcode 13196 ■Taxpayer number		Report	year			Y	ou have certai	n rights	unde	r Chapt	er 552	2 and s
12623856122		201	Ω		(		ent Code, to re e on file abou		,			
Taxpayer name ACACIA RESEARCH GROUP LLC		[201.	<u> </u>				lacken box if					
Mailing address								etary of				
6136 FRISCO SQUARE BLVD, SUITE 400 FRISC								ptroller			ic iiui	ilbei o
City <sub>PLANO</sub>	State <sub>TX</sub>			ZIP code plus 4	75	034	080	136061	0			
Blacken box if there are currently no changes from Principal office	n previous ye	ar; if no inform	ation is d	isplayed, compl	ete the ar	plicable in	nformation in S	Sections	А, В а	and C.		
Principal place of business							_					
You must report officer, director, member, general partr	e signed t	to satisfy	franchi	se tax requi	irement			12	623	88561	221	19
SECTION A Name, title and mailing address of each	officer, direct		general pa	artner or manag		4						
Name		Title			Direc	YES	Term expiration	m	m	d	d	у .
Mailing address		City					State			ZIP Cod	e	
Name		Title	_		Direc	tor	<del> </del>	m	m		d	у
						YES	Term expiration			•		
Mailing address		City					State			ZIP Cod	le	
Name		Title		·	Direc	tor		m	m	d	d	У .
						YES	Term expiration					
Mailing address		City					State			ZIP Cod	е	
SECTION B Enter information for each corporat	tion, LLC, L	P, PA or fir	nancial i	nstitution, if a	ıny, in wl	nich this	entity owns a	an inter	est o	f 10 pe	cent	or mo
Name of owned (subsidiary) corporation, LLC, LP, PA or	financial inst	itution	State o	f formation		Texas SO	S file number, if	any	Perd	entage	of ow	nership
Name of owned (subsidiary) corporation, LLC, LP, PA or	financial inst	itution	State o	f formation		Texas SO	S file number, if	any	Perd	entage	of ow	nershi
SECTION C Enter information for each corporat	tion , LLC,	LP, PA or fi	nancial	institution, if	any, that	owns an	interest of 1	0 perce	ent o	more i	n this	entity
Name of owned (parent) corporation, LLC, LP, PA or fina	ancial instituti	on	State o	f formation		Texas SO	S file number, if	any	Perd	entage	of ow	nershi
Registered agent and registered office currently on file (s Agent:	see instructio	ns if you need	to make	changes)			a filing with the office or gener				nge reg	ustered
Office:				City				State		ZIP	Code	
The information on this form is required by Section 171 203 on theets for Sections A, B and C, if necessary. The information will be				_C, LP, PA or fin	ancial insti	tution that	files a Texas Fi	ranchise	Tax R	eport Us	e addı	tional
I declare that the information in this document and any att.				et of my knowle	l has anha	nelief as o	of the date held	ow and	that a	copy of	thic r	enort t
been mailed to each person named in this report who is a LLC, LP, PA or financial institution												
sign		Titl	le		Date			Area	code	and pho	ne nu	mber
here							_					
	Texas	s Comptro	oller O	fficial Use	Only							
							VE/DE			IR INC		

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